



Alameda County Coroner's Bureau
Gregory J. Ahern, Sheriff/Coroner
2901 Peralta Oaks Court, Oakland, CA 94605
(510) 382-3000

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) PAJUELO, Cesar Augusto		TENTATIVE I UNIDENTIFIED		CASE NUMBER 2019-00829			
	REPORTED BY Mixon, L.	REPORTED BY PHONE 9259970452	REPORTING AGENCY Stanford Health Care-Valley Care Medical Center		REFERENCE NUMBER			
	INVESTIGATOR WILSON, Damon	CALL DATE AND TIME 3/10/2019 1008	CASE TYPE Removal Case					
DECEDENT	DATE AND TIME OF DEATH 3/10/2019 0950		DATE OF BIRTH 2/10/1949	AGE 70 Years	GENDER Male	RACE Hispanic	MARITAL STATUS Divorced	VET No
	HGT 70'	WGT 149 lb	EYE COLOR Brown	HAIR COLOR Gray	OCCUPATION Baker	EMPLOYER		
	Preliminary Summary							
DEATH	LOCATION OF DEATH Stanford Valley Care				LOC TYPE Hospital			
	ADDRESS (STREET, CITY, STATE, ZIP) 5555 West Las Positas Blvd., Pleasanton, CA, 94566				COUNTY Alameda			
	Manner Homicide		Death Certificate Signed By					
	Cause A	Multiple blunt force traumatic injuries					Interval	Hours
	Cause B						Interval	
	Cause C						Interval	
	Cause D						Interval	
	Other Significant Conditions	None						
NOTIFIC.	LEGAL NEXT OF KIN		RELATIONSHIP		TELEPHONE NO.			
	NOTIFIED BY WILSON, Damon		METHOD In Person		DATE AND TIME 3/10/2019 1651			
	IDENTIFICATION METHOD Fingerprint Comparison		DATE AND TIME 3/10/2019 1015					
INCIDENT	LOCATION OF INCIDENT Santa Rita Jail				AT WORK			
	ADDRESS (STREET, CITY, STATE, ZIP) 5325 Broder Boulevard, Dublin, CA, 94568				COUNTY Alameda		DATE AND TIME OF INCIDENT 3/10/2019 0531	
	INVESTIGATING AGENCY Alameda County Sheriff's Office-ETS		INV AGENCY PHONE NUMBER		OFFICER			
DISP	FUNERAL HOME Santa Cruz Memorial				BODY RELEASE TO FUNERAL HOME ON 3/13/2019			
	Full Autopsy Yes	Partial Autopsy	Inspection	Record Review	Inspection w/Specimen	EXAM BY CHEN, Angellee		

Alameda County Sheriff's Office
Coroner's Bureau
2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: March 11, 2019
FROM: Angellee Chen, M.D., J.D.
TO: Case File 2019-00829
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Cesar Augusto Pajuelo at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on March 11, 2019, at 9:15 a.m.

AUTOPSY FINDINGS

I. MULTIPLE BLUNT FORCE INJURIES

A. HEAD AND NECK

1. SUBARACHNOID HEMORRHAGE
2. CEREBRAL EDEMA
3. HEMORRHAGE WITHIN TEMPORALIS MUSCLES
4. EXTENSIVE CONTUSIONS OF THE FACE AND NECK
 - A. LARGE PATTERNED CONTUSION ON LEFT SIDE OF THE FACE
5. BILATERAL CONJUNCTIVAL PETECHIAE
6. LACERATIONS OF THE LEFT EAR, THE BRIDGE OF THE NOSE, LEFT UPPER LIP, AND RIGHT SIDE OF THE JAW
7. EXTENSIVE CONFLUENT HEMORRHAGE WITHIN SOFT TISSUES OF THE ANTERIOR NECK
8. FRACTURES OF THE HYOID BONE, THYROID CARTILAGE, AND C5 VERTEBRA

B. TORSO

1. HEMORRHAGES WITHIN SOFT TISSUES OF THE ANTERIOR CHEST AND ABDOMINAL WALLS
2. MULTIPLE BILATERAL RIB FRACTURES
 - A. HISTORY OF FRACTURE OF LATERAL RIGHT 6TH RIB
 - B. HISTORY OF FRACTURES OF ANTERIOR LEFT 3RD, 4TH, AND 5TH RIBS
 - C. HISTORY OF FRACTURES OF POSTERIOR 11TH AND 12TH RIBS
3. HISTORY OF LEFT PNEUMOTHORAX

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

4. BILATERAL HEMOTHORACES (RIGHT 75 ML, LEFT 600 ML)
5. LACERATION OF THE RIGHT LUNG
6. CONTUSION OF THE LEFT LUNG
7. FRACTURE OF THE T8 VERTEBRA
8. LACERATION OF THE LEFT KIDNEY
9. HEMORRHAGE WITHIN RETROPERITONEAL SOFT TISSUES

C. EXTREMITIES

1. MULTIPLE CONTUSIONS OF BILATERAL UPPER AND LOWER
EXTREMITIES

II. PULMONARY EMPHYSEMA

III. PULMONARY ADHESIONS

IV. LIPOMA OF THE RIGHT LOWER ABDOMINAL WALL

V. CHOLELITHIASIS

VI. NODULAR PROSTATE GLAND

CAUSE OF DEATH: MULTIPLE BLUNT FORCE TRAUMATIC INJURIES

cc: District Attorney

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Body of Cesar Augusto Pajuelo

1 **Circumstances:** The decedent is a 70-year-old Hispanic male who
2 was an inmate at the Santa Rita Jail when he was beaten to death
3 by a cellmate. He was transported to a hospital where he was
4 resuscitated and diagnosed with multiple traumatic injuries and
5 cerebral edema. The decedent's condition rapidly deteriorated
6 and he died several hours after admission.

7
8 **Clothing and Personal Effects:** No clothing or valuables are on
9 the body. A white identification band bearing the decedent's
10 name and photograph is around the right wrist.

11 **Evidence of Medical Intervention:** A tan adhesive bandage is on
12 the bridge of the nose. A rigid cervical spine immobilization
13 collar is with the body. A nasogastric tube is inserted into the
14 left nostril. An endotracheal tube is inserted into the mouth. A
15 defibrillator pad is on the central chest. Electrocardiograph
16 electrode pads are on the right arm (3 pads), the left arm (2
17 pads), the left upper chest (2 pads), the central chest (1 pad),
18 the left mid chest (4 pads), the right side of the abdomen, the
19 left side of the abdomen, the right leg, and the left leg.

20 A blood pressure cuff is around the left arm. Intravenous
21 catheters are inserted into the right and left antecubital

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

22 regions. Blue ecchymosis is on the right antecubital region. A
23 tan adhesive bandage is on the radial side of the right wrist. A
24 gauze pad is taped to the back of the right wrist. Another gauze
25 pad is taped to the back of the left hand. A pulse oximeter
26 probe is attached to the tip of the right index finger. An
27 intraosseous catheter is inserted into the proximal right shin.
28 A Foley catheter extends from the urethral meatus and is
29 connected to a collection receptacle, which contains
30 approximately 165 mL of bloody urine. A catheter stabilization
31 clip is adhered to the left thigh. A white hospital
32 identification band bearing the decedent's name and MRN:
33 75900985 is around the left wrist.

34 An evidence bag attached to the left great toe contains
35 four blood culture bottles (2 blue, 2 red) and 7 specimen tubes.

36 **Special Procedures:** The fingernails are clipped.

37 **External Examination**

38 The body is that of a well-developed, thin, 70-inch, 149-
39 pound, elderly white man who appears consistent with his
40 reported age of 70 years. Rigor mortis is well-developed.
41 Blanchable pink livor mortis is distributed along the posterior

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

42 aspect of the body. No decompositional changes are present. A
43 brown paper bag is over each hand. A tan tag and a yellow tag
44 each bearing the decedent's name and case number 2019 00829 are
45 attached to the left great toe. The body has extensive acute
46 injuries that are described in the EVIDENCE OF INJURY section.

47 The scalp has normally distributed straight gray hair that
48 is approximately 10.5 cm in average length at the top of the
49 head. The face has a short gray-and-black mustache and a short
50 gray goatee. The irides are brown and the pupils are 0.3 cm in
51 diameter. The corneas are clear and have mild arcus senilis. The
52 sclerae are not icteric. The ears have no drainage. Soft brown
53 vomitus is around the nose and mouth. The nasal septum is intact
54 and deviated to the left. Multiple teeth are missing from both
55 sides of the upper and lower jaws.

56 The left side of the chest is slightly depressed. The
57 abdomen is mildly protuberant and has no conspicuous scars. A
58 large soft mobile mass bulges from the right lower quadrant of
59 the abdomen. The penis is circumcised. Both testicles are
60 descended within the scrotum. The back has no conspicuous scars
61 or acute injuries. The buttocks and the anus are unremarkable.

62 The upper extremities have no angular deformities. A small
63 amount of soft brown material that looks like feces is smeared

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

64 on the right forearm. The lower extremities are symmetrically
65 developed and have no angular deformities. The ankles have
66 prominent blue superficial veins. The toenails are long and
67 thickened.

68 Evidence of Injury

69 Blunt Force Injuries

70 Head and Neck:

71 Hemorrhage is within both temporalis muscles. The cerebral
72 gyri are slightly flattened and the sulci are narrowed. Blood is
73 within the subarachnoid space. A small amount of blood is within
74 the ventricles.

75 The upper half of the face is diffusely swollen by pink-
76 purple contusions. A pink-purple contusion is on the glabella.
77 Broad pink-purple contusions are on the right and left lateral
78 surfaces of the forehead. A dark pink contusion is on the
79 lateral half of the left eyebrow. The periorbital regions are
80 gray-purple and edematous. Multiple petechial hemorrhages are on
81 the lower palpebral conjunctiva of each eye. A large patterned
82 contusion is on the left side of the face. It extends across the
83 left cheek to the area lateral to the left eye and across the
84 left ear. The pattern consists of faint oblique parallel lines

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

85 bordering a band-like area of pallor within a broad pink-purple
86 contusion.

87 The lower part of the left ear has a 2.0 cm laceration
88 along the antihelical fold. The bridge of the nose appears
89 crooked. A 2.0 cm horizontal laceration is on the bridge of the
90 nose. The dorsum of the nose is contused. A 3.0 x 2.0 cm red
91 abrasion is on the right side of the face below the right ear. A
92 1.0 cm linear laceration is on the right side of the jaw. The
93 mucosa of the left side of the upper lip is swollen and has a
94 laceration surrounded by a purple contusion.

95 The anterior surface of the neck is swollen and is
96 diffusely pink and contused. Confluent hemorrhage is within the
97 soft tissues of the neck, including the strap muscles. The hyoid
98 bone is fractured. The thyroid cartilage is fractured between
99 the right and left laminae.

100 The C5 vertebra is fractured. Hemorrhage is within the soft
101 tissues of the larynx surrounding the thyroid cartilage and
102 hyoid bone.

103 Torso:

104 A 5.0 x 5.0 cm area of red abrasions is on the right upper
105 chest. Pink contusions are on the left upper chest overlying the
106 left clavicle. A 4.0 cm pink contusion is on the left upper

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

107 chest. A 1.2 cm blue contusion is medial to the right nipple. A
108 4.0 cm pink contusion is on the central chest. Multiple blue
109 contusions are on the left lateral surface of the chest just
110 below the armpit. A 4.3 x 1.0 cm blue contusion is on the
111 lateral left side of the abdomen.

112 Hemorrhage are within the soft tissues of the chest wall
113 overlying the lower ribs bilaterally. The lateral aspects of the
114 right 2nd through 9th ribs are fractured. The anterior aspects
115 of the left 2nd through 7th ribs are fractured. Some of these
116 anterior fractures could be related to attempted cardiopulmonary
117 resuscitation. The posterior aspects of the left 4th through 8th
118 ribs are fractured. Hemorrhage is within the soft tissues
119 surrounding the fractures.

120 A contusion is on the anterior surface of the heart in
121 right atrioventricular region. This injury could be related to
122 attempted cardiopulmonary resuscitation.

123 Approximately 75 mL of blood is within the right pleural
124 cavity, and approximately 600 mL of blood is within the left
125 pleural cavity. A 3.0 cm laceration is on the upper lobe of the
126 right lung. Hemorrhage is within the lower lobe of the left
127 lung.

128 The T8 vertebra is fractured.

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

129 Hemorrhage is within the soft tissues of the upper
130 abdominal wall. A small amount of free blood is within the
131 abdominal cavity. The upper pole of the left kidney has a 3.0 cm
132 laceration. Hemorrhage is within the retroperitoneal soft
133 tissues of the lower abdomen.

134 Extremities:

135 A 3.0 cm purple-blue contusion is on the medial surface of
136 the mid right arm. Multiple light blue contusions are on the
137 right forearm. A 1.5 cm blue contusion is on the mid right
138 forearm. A 3.0 cm blue contusion is on the back of the mid right
139 forearm. Multiple small pink contusions and a 1.0 cm orange
140 abrasion are on the back of the right hand.

141 A 3.0 cm blue contusion is on the back of the mid left
142 forearm. A 3.0 x 0.4 cm blue contusion and a 0.8 cm faint blue
143 contusion are on the back of the left wrist.

144 A 4.0 x 1.0 cm blue-purple contusion is on the right hip. A
145 2.5 cm pink contusion is on the right knee. A 2.3 x 1.3 cm dark
146 red abrasion is lateral to the right patella. A 3.8 cm pink
147 contusion is on the lateral surface of the proximal right leg.

148 A 1.2 cm broad dark red abrasion surrounded by a pink
149 contusion is lateral to the left patella. A 2.0 x 0.6 cm purple
150 contusion is on the dorsum of the left foot.

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

151 **Internal Examination**

152 **Chest and Abdominal Walls and Body Cavities:** The anterior
153 abdominal wall has an average of 2.8 cm of subcutaneous adipose
154 tissue. The clavicles, the sternum, and the pelvis have no
155 palpable fractures. The pericardial cavity has no abnormal fluid
156 collection. Moderate fibrous adhesions are within the pleural
157 cavities at the apices of the lungs. No conspicuous fibrous
158 adhesions are within the pericardial or peritoneal cavities. The
159 pericardium and the diaphragm are intact.

160 An approximately 15.0 cm lipoma is within the right lower
161 abdominal wall.

162

163 **Cardiovascular System:** The heart weighs 330 grams and has a
164 moderate amount of epicardial adipose tissue. The left anterior
165 descending coronary artery has a calcified atheromatous plaque
166 within the proximal portion. The rest of the coronary arteries
167 appear widely patent. The epicardium is smooth and glistening.
168 The myocardium is red-brown and firm. It has no conspicuous
169 focus of pallor or softening and no visible fibrous scars. The
170 endocardium is thin and transparent. There is no ventricular
171 dilatation or hypertrophy. The foramen ovale is not patent and

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

172 the heart has no mural thrombus. The atrioventricular and
173 semilunar valves are morphologically normal and have no
174 calcifications, vegetations, thickening, or stenosis. The
175 chordae tendineae are normal in length and thickness. The aorta
176 is intact. It has mild calcified atherosclerosis and no
177 significant dilatation.

178
179 **Respiratory System:** The right lung weighs 800 grams and the left
180 lung weighs 570 grams. Both lungs are moderately expanded. The
181 apex of each lung is adhered to the chest wall. The right lung
182 also has moderate fibrous adhesions in between the lobes. The
183 pleural surfaces are dull and have patchy opaque fibrosis. The
184 lungs have abundant anthracotic pigment. Both lungs have bullous
185 emphysematous changes at the apices and moderate emphysematous
186 changes elsewhere. The parenchyma of the right lung is
187 moderately fibrotic. The lumina of the tracheobronchial tree are
188 patent. The main pulmonary arteries are patent. The
189 tracheobronchial and bronchopulmonary lymph nodes are
190 anthracotic.

191
192 **Gastrointestinal System:** The esophagus has an unremarkable
193 white-tan mucosa and an empty lumen. The stomach contains

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

194 approximately 500 mL of brown liquified food. The gastric mucosa
195 is tan and has normal rugal folds. The small bowel and the colon
196 are intact and have no evidence of obstruction. The mid-section
197 of the vermiform appendix is narrowed and has a pinpoint lumen.
198 The appendix as no evidence of obstruction or inflammation.

199

200 **Hepatobiliary System:** The liver weighs 1050 grams and is intact.
201 The capsule is smooth and glistening. The hepatic parenchyma is
202 uniformly brown and normal in consistency. The liver has no
203 masses. The gallbladder has a thin wall and an orange-brown
204 velvety mucosa. It contains a small amount of orange-brown
205 viscous bile and eight green-brown faceted stones. The largest
206 is 2.0 cm in greatest dimension.

207

208 **Reticuloendothelial System:** The spleen weighs 70 grams. It has
209 an intact smooth, thin capsule and unremarkable soft, dark
210 purple parenchyma.

211

212 **Genitourinary System:** The right kidney weighs 120 grams and the
213 left kidney weighs 140 grams. The renal surfaces are smooth. The
214 right kidney is intact. The kidneys have red-brown cortices,
215 well-defined corticomedullary junctions, and no masses or cysts.

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

216 The renal calices are unremarkable. The renal arteries are
217 patent. The ureters are normal in caliber. The urinary bladder
218 has a tan trabeculated mucosa and is empty.

219 The prostate gland is symmetric and not prominently
220 enlarged. It has tan slightly firm, nodular parenchyma. The
221 testicles have uniform soft tan parenchyma and no masses.

222

223 **Endocrine System:** The thyroid gland is relatively symmetric and
224 not prominently enlarged. It has brown lobular parenchyma and no
225 nodules or cysts. The pancreas has unremarkable tan lobular
226 parenchyma. The adrenal glands have thin golden-yellow cortices,
227 light gray medullae, and no masses or intraparenchymal
228 hemorrhages.

229

230 **Neck:** The lumen of the larynx is patent. The neck has the
231 previously-described extensive acute injuries.

232

233 **Head and Spinal Column:** The scalp is intact. The calvaria and
234 the base of the skull have no fractures. The dura mater is
235 unremarkable. The leptomeninges are thin and transparent. There
236 is no epidural or subdural hematoma.

Sheriff-Coroner
Alameda County

Body of Cesar Augusto Pajuelo

237 The brain weighs 1440 grams. The cerebral hemispheres are
238 symmetric but have the previously-described changes of cerebral
239 edema. The brain has no conspicuous contusions or lacerations.
240 The brainstem and the cerebellum are unremarkable. The arteries
241 at the base of the brain are widely patent and have no
242 conspicuous aneurysms. The pituitary gland is not enlarged.

243

244 **Toxicology:** See toxicology report.

245

246 **Conclusion**

247 After considering the known circumstances surrounding the death,
248 the available medical history, and the findings on postmortem
249 examination of the body, it is my opinion that Cesar Augusto
250 Pajuelo, a 70-year-old Hispanic male, died from multiple blunt
251 force injuries that he sustained from a physical assault at the
252 Santa Rita Jail on March 10, 2019.

253

254
255

Angel Lee Chen
Angel Lee Chen, M.D., J.D.

4/16/19



ALERE FORENSICS AT REDWOOD TOXICOLOGY LABORATORY

3650 Westwind Blvd. Santa Rosa, CA 95403
Phone 707-570-4455 FAX 707-703-1319

Agency # 2019-00829

FORENSIC LABORATORY REPORT

AF # 2019-001010

To: Pathologist Angellee Chen
Alameda Co Sheriff's Ofc - Coroner's Bureau

Sample Collection Date: March 10, 2019

Decedent: Cesar Augusto Pajuelo

The following evidence was submitted to the Laboratory by a representative of the Alameda Co Sheriff's Ofc - Coroner's Bureau on 3/15/2019 via Courier:

Submission 01: One heat sealed plastic bag containing seven tubes of hospital specimens. None of the specimens were marked with a collection time.

Item # 01-A: One yellow top tube with approximately 7 mL of blood.

Item # 01-B: One clear snap cap tube with approximately 3 mL of plasma.

Item # 01-C: One lavender top tube with approximately 1 mL of blood.

Item # 01-D: One green top tube with approximately 1 mL of blood.

Item # 01-E: One purple top tube with approximately 2 mL of blood.

Item # 01-F: One light blue top serum separator tube with approximately 1 mL of serum.

Item # 01-G: One gold top serum separator tube with approximately 1 mL of serum.

Service Request:

FP222B - Expanded Pnl (Confirm) - Blood

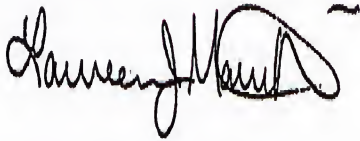
**Drug Screen Results - ELISA**

Drug Screen Classification	Result	<u>Limit of Detection</u>
Amphetamine	Not Detected	20.0 ng/mL
Barbiturates	Not Detected	1.0 mcg/mL
Benzodiazepines	Not Detected	25.0 ng/mL
Buprenorphine	Not Detected	1.0 ng/mL
Carisoprodol	Not Detected	500.0 ng/mL
Cocaine Metabolite	Not Detected	50.0 ng/mL
Fentanyl	Not Detected	1.0 ng/mL
Marijuana Metabolite	Not Detected	10.0 ng/mL
Methadone	Not Detected	25.0 ng/mL
Methamphetamine	Not Detected	20.0 ng/mL
Opiates	Not Detected	10.0 ng/mL
Oxycodone	Not Detected	5.0 ng/mL
PCP	Not Detected	5.0 ng/mL
Tramadol	Not Detected	50.0 ng/mL
Zolpidem	Not Detected	5.0 ng/mL

Confirmation/Screen Results

Analyte Name	Concentration	Method	Sample Type
Olanzapine	Presumptive ID	LC-MS-MS	Hospital Blood
Volatiles (EtOH, IPA, MeOH, Acetone)	Not Detected	GC-Headspace	Hospital Blood

Respectfully,

A handwritten signature in black ink, appearing to read "Laureen J. Marinetti".

Laureen J. Marinetti, Ph.D., F-ABFT
Laboratory Director

Date of Report: April 29, 2019

Alere Forensics at Redwood Toxicology is accredited by The American Board of Forensic Toxicology (ABFT) and is recognized by the State of California as a Title 17 Forensic Alcohol Laboratory.

All samples, including the sample packaging, will be retained at the laboratory for one year after the date of report. After one year, the samples and packaging will be destroyed unless the client requests that the samples be returned or an alternate retention policy has been set up with the laboratory. The laboratory cannot ship controlled substances.

Comments

Analytes reported as Presumptive ID are unconfirmed results. If confirmation is required please contact the laboratory.

EtOH - ethanol, IPA - isopropanol, MeOH - methanol